

ALTERNATIVE MEDICINE: LET'S FACE THE REALITY

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According to an estimate, more than 70% of world's population still depends on the alternative systems of medicine and there has been an unprecedented rising interest in these types of systems of therapeutics on a global level¹. Whether we like it or not, it is a fact that in Pakistan also, around 70% to 80% of population is still using the alternative medicine².

The Alma-ata declaration in 1978 specially called for the mobilization of traditional medicine systems as an important way to make health for all a reality³. The reasons for the inclusion of traditional healers in primary health care are manifold: the healers know the socio-cultural background of the people, they are highly respected and experienced in their work, economic considerations, the distance to be covered to access health care provider in some countries, the strength of traditional beliefs, the shortage of health professionals etc⁴. Understanding the significance of the traditional/complementary and alternative-medicine (TM/CAM), World Health Organization (WHO) has released a comprehensive strategic document encompassing various aspects of this field¹. Due to international market pressures, the trends are changing and the need of integration of alternative and modern systems is being felt with a new impetus in recent years⁵. Even WHO has promulgated the idea of integration and recognition of traditional medicine⁶. There is evidence that the patients tend to hide the fact from their allopathic practitioners that they visit alternative healers for their ailments⁷. This could be dangerous for the safety of patients as concomitant use of medicines from two different practitioners without informing each one may lead to synergistic, antagonistic, toxic or even lethal effects of drugs. On the other hand, the research has revealed significant clinical effects of some of the herbal medicines that have been in domestic use for some ailments among indigenous cultures for centuries. Hence, an allopathic practitioner should have some knowledge of the alternative practices prevailing in his or her catchment area so that he/she may take decisions cautiously while prescribing any treatment to a patient. The allopathic physicians may also need to consider developing more rapport with the patients so that the patients share with them the fact that they are getting alternative therapies concomitantly, in case they are taking any⁵. Current evidence, although limited, suggests that physicians may reasonably accept some CAM therapies as adjuncts to conventional care and discourage others.

As more data are gathered, the evidence based recommendation of some CAM therapies and the evidence-based rejection of others will become more definitive⁵. Today, in West there is an overwhelming effort towards an integration of the alternative medicine with the mainstream allopathic therapeutics. In Germany, a substantial number of medical graduates opt for 3-12 months short courses in traditional medicine. 70% of German physicians prescribe herbs or refer patients to traditional practitioners. In the field of medical training and education, the West is clearly promoting the alternative practices. Nearly, every industrialized country has state funded teaching institutions for traditional medicine⁸. Sixty percent of the medical schools in United States have begun to teach about alternative medicine practices⁹. As we look at the regional and neighboring countries, we find that some of the TM/CAM systems like Acupuncture, Ayurvedic, Homeopathic, and the Unani (herbal) systems have been accepted and integrated into national health system². In terms of political economy, the allopathic system of cure is a British colonial legacy that retained influence on the entire health services system of the country¹⁰. With this elite backed system, the attitude of looking down towards the indigenous systems has been coupled with an established antagonism between the practitioners of the two¹¹. On one hand, the allopathic practitioner may need to educate their patients in use of home remedies so that they benefit from their use and with minimum adverse consequences and on the other hand, the practitioners themselves may need education in the use of home remedies and try to find a scientific basis for their use¹².

It is important to note that as the public's use of healing practices outside conventional medicine accelerates, ignorance about these practices by physicians and scientists risks broadening the communication gap between the public and the profession that serves them¹³. This necessitates the integration of the two systems at least in terms of evidence based information sharing.

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